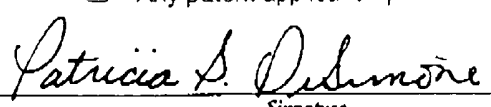
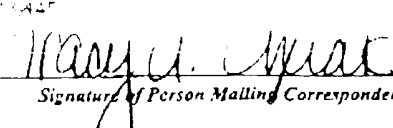


| | | | | | |
|--|-------------------------------------|-----------------------------|--|-------------------------|-------------------|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. 97-2027-D | |
| Applicant(s): Ajit Karmaker | | | | | |
| Serial No. 10/002,421 | Filing Date October 25, 2001 | Examiner Szekely | Group Art Unit 1714 | | |
| Invention: DENTAL BRIDGES COMPRISING FIBER REINFORCED FRAMEWORKS WITH FIBER OR PARTICULATE REINFORCED VENEERS | | | | | |
| RECEIVED CENTRAL FAX CENTER OCT 14 2003 | | | | | |
| <u>TO THE COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. | | | | | |
| <input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 11 - | 20 = | 0 x | \$9.00 | \$0.00 |
| INDEP. CLAIMS | 3 - | 3 = | 0 x | \$43.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ | | | | | |
| <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 | | | | | |
| <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. | | | | | |
| <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | |
|  Patricia S. DeSimone Registration No. 48,137 Customer No. 23413 | | | Dated: October 10, 2003 | | |
| | | | I certify that this document and fee is being deposited October 10, 2003 with the U.S. Postal Service as | | |
| | | |  Signature of Person Mailing Correspondence Tracy A. Axiak Typed or Printed Name of Person Mailing Correspondence | | |

Docket No. 97-2027-D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|-------------|-----------------------------|---|----------------------|
| Applicant: | Ajit Karmaker |) | |
| | |) | Group Art Unit: 1714 |
| Serial No.: | 10/002,421 |) | |
| | |) | |
| Filed: | October 25, 2001 |) | |
| | |) | Examiner: Szekely |
| For: | DENTAL BRIDGES COMPRISING |) | |
| | FIBER REINFORCED FRAMEWORKS |) | |
| | WITH FIBER OR PARTICULATE |) | |
| | REINFORCED VENEERS |) | |

AMENDMENT

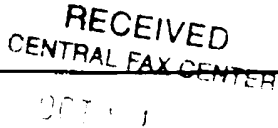
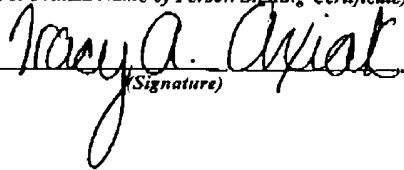
VIA FACSIMILE: 703-872-9310

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This amendment is submitted in response to the Office Action dated July 10,

2003. Please amend the Application as follows:

| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. |
|---|---------------------------------|---------------------|------------------------|
| Applicant(s): Ajit Karmaker | | | 97-2027-D |
| Serial No. 10/002,421 | Filing Date October 25, 2001 | Examiner Szekely | Group Art Unit 1714 |
| Invention: DENTAL BRIDGES COMPRISING FIBER REINFORCED FRAMEWORKS WITH FIBER OR PARTICULATE REINFORCED VENEERS | | | |
|  | | | |
| I hereby certify that this <u>Amendment Transmittal Letter (1 pg.) and Amendment (10 pgs.)</u> <small>(Identify type of correspondence)</small> | | | |
| is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9310</u>) | | | |
| on <u>October 10, 2003</u> <small>(Date)</small> | | | |
| <div>Tracy A. Axiak <small>(Typed or Printed Name of Person Signing Certificate)</small></div> <div> <small>(Signature)</small></div> | | | |
| Note: Each paper must have its own certificate of mailing. | | | |